

CLAIMS ONLY							Application Number 10/615592		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51			
2		/					52			
3		/		/			53			
4	/		/				54			
5		/					55			
6		/		/			56			
7		/					57			
8		/		/			58			
9		/		/			59			
10		/		/			60			
11	/		/				61			
12		/					62			
13		/		/			63			
14		/		/			64			
15		/		/			65			
16		/		/			66			
17		/		/			67			
18	/		/				68			
19		/					69			
20		/		/			70			
21		/		/			71			
22		/		/			72			
23		/		/			73			
24		/		/			74			
25	/		/				75			
26		/					76			
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28		/					78			
29	/						79			
30							80			
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32							82			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	6		6				Total Indep			
Total Depend	23	23	20	20			Total Depend			
Total Claims	29	29	26	26			Total Claims			